

**State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020**

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OFFICE OF HEALTH CARE ACCESS
P.O. BOX 340308
HARTFORD, CT 06134-0308

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 134, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	The William W. Backus Hospital	
Doing Business As	The William W. Backus Hospital	
Name of Parent Corporation	Backus Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	326 Washington Street Norwich, CT 06360	
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP	
Name of Contact person, including title	David Whitehead VP, Planning	
Contact person's street mailing address	326 Washington Street Norwich, CT 06360	
Contact person's phone, fax and e-mail address	860-889-8331, ext. 2722 860-892-2728 dwhitehead@wwbh.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:
Establish satellite MRI services within primary service area
- b. Location of proposal (Town including street address):
82 New Park Avenue Franklin, CT 06254
- c. List all the municipalities this project is intended to serve:
Bozrah, Canterbury, Franklin, Griswold, Lisbon, Norwich, Preston, Sprague, Voluntown.
- d. Estimated starting date for the project:
January 2006.
- e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E P

- ☒ ☐ Acute Care Hospital
☐ ☐ Behavioral Health Provider
☐ ☐ Hospital Affiliate

E P

- ☐ ☒ Imaging Center
☐ ☐ Ambulatory Surgery Center
☐ ☐ Other (specify): _____

E P

- ☐ ☐ Cancer Center
☐ ☐ Primary Care Clinic

SECTION III. EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure/Cost: \$687,800
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$480,000
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	43,800
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$523,800
Fair Market Value of Leased Equipment	265,000
Total Capital Cost	\$788,800

* See attached Medical Marketplace letter, dated March 24, 2005.

Major Medical and/or imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- ☒ Operating Funds
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

SECTION V. AFFIDAVIT

Applicant: The William W. Backus Hospital

Project Title: Establish satellite MRI services within primary service area

I, Daniel E. Lohr, Senior Vice President and CFO
(Name) (Position – CEO or CFO)

of The William W. Backus Hospital being duly sworn, depose and state that the
information provided in this CON Determination form is true and accurate to the best of my
knowledge, and that The William W. Backus Hospital complies with the appropriate
(Facility Name)

and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-
486 and/or 4-181 of the Connecticut General Statutes.

Daniel E. Lohr
Signature

11/10/2005
Date

Subscribed and sworn to before me on November 10, 2005

Wanda B. Donahue
Notary Public/Commissioner of Superior Court
WANDA B. DONAHUE
NOTARY PUBLIC

My commission expires: COMMISSION EXPIRES FEB. 28, 2010

PROPOSAL DESCRIPTION

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

Magnetic resonance imaging (MRI) services provided at the Hospital main campus located at 326 Washington Street, Norwich, CT. The Hospital's DPH license is attached.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

MRI services located in leased office space at 82 New Park Avenue, Franklin, CT. This location also houses the Norwich Orthopedic Group practice. This satellite location is within the Hospital's primary service area, approximately 3 miles from the Hospital's main campus. This satellite MRI once operational will allow the Hospital to discontinue the use of the second mobile MRI unit (approved under Docket Number 01-522) at the Hospital's main campus (326 Washington Street, Norwich, CT).

3. Will you be charging a facility fee?

We will be charging a diagnostic imaging technical fee.

4. Who is the current population served and who is the target population to be served?

The current population served are those individuals within the Hospital's primary service area who seek MRI services.

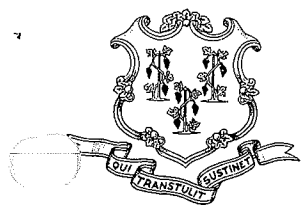
The target population to be served at this satellite MRI location is the same as the current population served. Our intent is to improve access and convenience for this population. We do not project that the overall volume of MRI procedures conducted by the Hospital will increase.

5. Who will be providing the service?

Alliance Imaging under a purchased service agreement.

6. Who are the payers of this service?

The payers of these services will be consistent with the current payer mix for The William W. Backus Hospital.



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

January 10, 2006

David Whitehead
Vice President, Planning
The William W. Backus Hospital
326 Washington Street
Norwich, CT 06360

RE: Certificate of Need Determination; Report Number: 05-30635-DTR
The William W. Backus Hospital
Establishment of a Satellite Mobile MRI Service in Franklin, CT

Dear Mr. Whitehead:

On November 15, 2005, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request concerning the proposal of The William W. Backus Hospital to establish a satellite magnetic resonance imaging service in Franklin, at a total proposed capital cost of \$788,800. OHCA has reviewed the information contained in your CON Determination request letter and makes the following findings:

1. The William W. Backus Hospital ("Hospital") is an acute care, general hospital located at 326 Washington Street in Norwich, Connecticut.
2. The Hospital is a health care facility or institution as defined in Section 19a-630 of the Connecticut General Statutes ("C.G.S.").
3. The Hospital's Radiology Department provides a variety of imaging services to individuals residing in the Hospital's service area including magnetic resonance imaging ("MRI") services.
4. The Hospital is proposing to establish a satellite magnetic resonance imaging service in leased office space at 82 New Park Avenue in Franklin, Connecticut.
5. The Hospital is undertaking the proposal to improve access and convenience to those individuals that have previously been receiving their MRI scanning services at the Hospital.

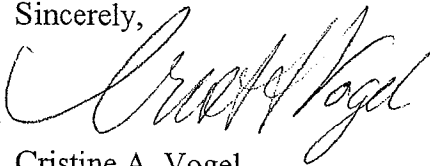
6. The Hospital proposes to:
 - Utilize its primary mobile MRI scanner on a part-time basis for the proposed Franklin satellite; and
 - Discontinue the use of its secondary mobile MRI scanner at the Hospital.
7. Alliance Imaging, Inc. will be providing the proposed satellite service under a purchased services agreement with the Hospital.
8. The proposed MRI satellite will serve individuals residing and/or working in Franklin and the following towns proximate to Franklin: Bozrah, Canterbury, Griswold, Lisbon, Norwich, Preston, Sprague and Voluntown.
9. The total proposed capital cost associated with the proposal is \$788,800.
10. The Hospital plans to finance the proposal from available operating funds.
11. The anticipated start date for the service is January, 2006.

Based on the above findings, OHCA has determined that the proposed establishment of a satellite MRI service in Franklin represents an additional function or service for the Hospital pursuant to Section 19a-638 of the Connecticut General Statutes. Therefore, the Hospital is required to seek and obtain Certificate of Need approval for the establishment of the satellite MRI service in Franklin, Connecticut.

OHCA considers the submission of information received on November 15, 2005 as the Letter of Intent for this matter; therefore the Hospital may file a completed CON application with OHCA between January 14, 2006, and March 15, 2006. The CON application is being mailed to your attention separately.

If you have any questions regarding the above, please contact Jack A. Huber, OHCA Health Care Analyst at (860) 418-7034.

Sincerely,



Cristine A. Vogel
Commissioner

CAV:jah